

Department of Mental Health and Addiction Services

Quality of Life Instrument

FY21

Agency/Facility	Program	Date Completed
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For each box, put an **X** in the circle that applies to you.

Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other	Age <input type="radio"/> 20 and under <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older	Primary reason for receiving services <input type="radio"/> Emotional/Mental Health <input type="radio"/> Alcohol or Drugs <input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs
Race <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> White/Caucasian <input type="radio"/> Unknown <input type="radio"/> Other:	Ethnicity <input type="radio"/> Puerto Rican <input type="radio"/> Mexican <input type="radio"/> Other Hispanic or Latino <input type="radio"/> Not Hispanic	Length of Service <input type="radio"/> Less than 1 year <input type="radio"/> 12 months to 2 years <input type="radio"/> 2 years to 5 years <input type="radio"/> More than 5 years

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

1. How would you rate your quality of life?

(Please circle the number)				
Very poor	Poor	Neither poor nor good	Good	Very Good
1	2	3	4	5

2. How satisfied are you with your health?

(Please circle the number)				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

3. To what extent do you feel that physical pain prevents you from doing

(Please circle the number)				
Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

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<i>(Please circle the number)</i>					
Not at all	A little	A moderate amount	Very much	An extreme amount	
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5

<i>(Please circle the number)</i>					
Not at all	Slightly	A Moderate amount	Very much	Extremely	
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

<i>(Please circle the number)</i>					
Not at all	A little	Moderately	Mostly	Completely	
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money	1	2	3	4	5

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<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
to meet your needs?				
1	2	3	4	5
1	2	3	4	5

13. How available to you is the information that you need in your day-to-day life?

14. To what extent do you have the opportunity for leisure activities?

<i>(Please circle the number)</i>				
Very poor	Poor	Neither poor nor well	Well	Very well
1	2	3	4	5

15. How well are you able to get around?

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

<i>(Please circle the number)</i>				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

16. How satisfied are you with your sleep?

17. How satisfied are you with your ability to perform your daily living activities?

18. How satisfied are you with your capacity for work?

19. How satisfied are you with your abilities?

20. How satisfied are you

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<i>(Please circle the number)</i>					
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

<i>(Please circle the number)</i>					
Never	Seldom	Quite often	Very often	Always	
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this
form? *(Please circle Yes or No)*

Yes	No
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THANK YOU FOR YOUR HELP